

April 1999

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# Clinical Center News

## Imaging in an emergency

Suddenly one afternoon, your right arm feels weak. It doesn't get better after a few minutes, and you suspect a stroke. You call 911, and you're whisked away to a nearby emergency room, where you receive a CT scan and possibly a dose of the clot-busting drug t-PA. You'll be OK. You caught it in time.

This scene plays out daily in hospitals everywhere—except the Clinical Center.

"Since the Clinical Center has no emergency room, we have never had the opportunity to study patients with urgent conditions such as acute stroke and heart attack," said Dr. John I. Gallin, CC director.

But that's about to change, thanks to an innovative new partnership among Suburban Hospital, NHLBI, NINDS, and the CC's Diagnostic Radiology Department.

Here's the plan: Suburban

Hospital ER patients suspected of having a stroke or heart attack will be eligible to receive a series of ultrafast magnetic resonance imaging (MRI) scans on sophisticated new scanners, purchased with institute funds. These images will be interpreted by institute and CC staff as part of ongoing clinical research protocols.

"Imaging will play a key role in both guiding the appropriate therapies

See **Imaging**, page seven



## "We're Here for You"

To kick off a new campaign to make sure customers know who comes first, the CC Outpatient Department (OPD) unveiled its new slogan at its first annual Customer Service Appreciation Week last month. Shown modeling buttons are members of the team that came up with the idea. Clockwise from the far right are Stephanie Black, Caleb King, Jovetta McCormick, Theodora White, Kimberly Priest, and Regina Thomas. Not pictured are Karen Kaczorowski and Robin Smith. "We want people to know that we are dedicated to providing quality services to every customer in the NIH community," said team leader King. "We also wanted to bring members of our department together, since we're spread throughout the Clinical Center." OPD sections include Admissions, Voucher Office, EKG, Clinic Clerks, Computerized Appointment Scheduling, Transportation, Ober Travel, and Messenger & Escort. Steve Groban is OPD's chief.

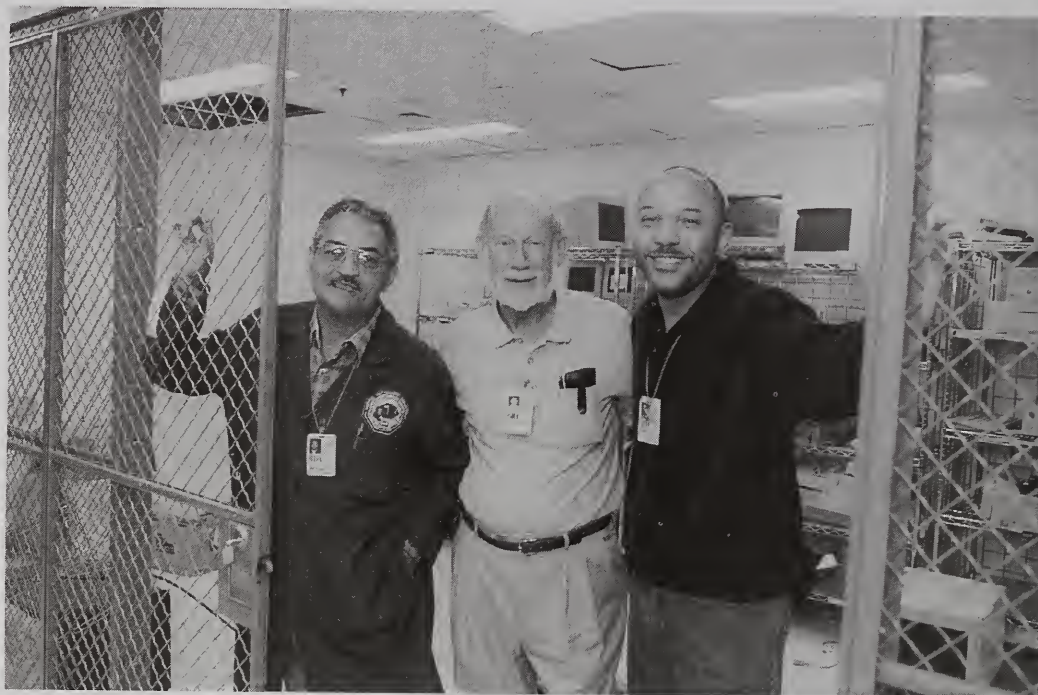


# Out with the old, in with the new

Not so fast: Before you ditch that old computer or chair into the nearest Clinical Center corridor remember procedure; remember the Property Section.

The Property Section of the Materials Management Department (MMD) is responsible for the administrative inventory and tracking of some 9,040 pieces of CC equipment, from computers to furniture.

"It is important that people know this section exists to serve the Clinical Center and that there are procedures in place," said Frank LaBosco, chief of Materials Management. "Property Section staff are ready, willing, and able to help in matters of surplus, and serve as resources in property-related matters."



Clinical Center property specialists keep close tabs on thousands of pieces of CC equipment. Pictured with just a few of those items are (left to right) James Gray, Charles McClanahan, and Michael Rice.



Michael Rice (left) and Charles McClanahan (right) verify a computer monitor's inventory code number with the number on the master list before the item goes to surplus.

According to the NIH-wide inventory, this section is a leader on campus in efficiency and excellence, and has less than one-percent inventory variability for equipment.

"The MMD Property Section has performed an outstanding job," said LaBosco.

With this abundance of equipment and a small team of three certified professional property specialists, Charles McClanahan, James Gray, and Michael Rice, it is crucial that proper procedure be followed when moving equipment (see sidebar).

In a hospital, where impediments can have devastating consequences, it is especially important to keep hallways or elevator lobbies clear of equipment obstacles.

*Clinical Center*  
**News**

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## What to do with all that old stuff

### Procedures for Surplusing Unserviceable or Unrequired Equipment

In an effort to better serve the Clinical Center, these procedures have been developed to guide the surplusing of unserviceable or unrequired equipment for all Clinical Center areas:

1. Once you have designated something for surplus, notify the CC Property Custodian for your section, usually the chief of the department.
2. The Custodian should complete form NIH-649, "Report of Property Transfer." Equipment from laboratory or clinical areas should be accompanied by form NIH-2683, "Certificate that Equipment is Free from Hazard." These forms are available at the MMD Property Section and all self-service stores.
3. Form(s) should be forwarded to the MMD Property Section.
4. The section will submit a request within 24 hours to the Department of Logistics of NIH for surplus action. Surplus should be picked up within a week of when the Department of Logistics receives your request.
5. Once surplus is picked up, make sure you receive a signed copy of all paperwork.

"If we have a Code Blue or another type of emergency and crews have to get to a floor, it could mean the difference of whether a person lives or dies if there is furniture or equipment in the way," explained Rice.

One may also wonder where old equipment goes once out of the office confines.

Through the MMD Property Section, the CC has donated between \$250,000 and \$500,000 dollars worth of equipment to schools, universities, prisons, other hospitals, museums, and Indian reservations, according to the property team.

The Section encourages individual departments to consider if and where they would like to donate their surplus equipment. Though all surplus is first offered to all other

institutes on campus by means of the NIH Gaithersburg Distribution Center, if not claimed, it will then be donated.

To claim a piece of surplus equipment at the distribution center, a NIH employee may go to the center and select equipment for their department.

"In short, the MMD Property Section truly adheres to the adage of 'Doing the right thing and doing it well,'" said LaBosco.

For further questions regarding equipment surplus, contact your MMD Property Section representatives at 6-3151.

—by Bonnie Flock

## QoWL Council responds

The CC Quality of Work Life Council recently received the following suggestion. It was forwarded to Mr. Hank Primus, chief of the Housekeeping and Fabric Care Department (HFCD) for a response.

### The suggestion:

*Please look into the cleanliness of offices and restrooms, particularly in the B1 level. The dust needs to be addressed, and sometimes areas appear to have been skipped during the cleaning process.*

### The response:

The HFCD is taking steps to keep the Clinical Center cleaner. However, we need the assistance of all of the building occupants. The building inhabitants are quite hard on the building! A while ago, in an effort to gain support, CC administration launched the CC Cleanup Campaign. Unfortunately, there has been little progress to date. One of the reasons has been a lack of commitment on the part of building occupants to help with the cleanliness of the building.

Presently HFCD is having some of the building cleaned by contract employees to augment the present staff. The dirt that is generated by construction is a hard rascal to tame. We will double our efforts to try to keep the building clean. You can help us by contacting the main office on 6-2417 if you believe your area has been neglected, or if you see spills or other debris, so that we can respond.

The Council will continue to research and respond to all suggestions received. Check *CC News* for more suggestions and feedback. Feel free to drop your suggestion in the box just outside the B1 cafeteria.



# Making masterpieces

During Children & Healthcare Week last month, CC pediatric patients expressed their creativity by turning standard medical supplies into artist's tools. The 14th floor playroom served as their studio. Other events sponsored by the Clinical Center pediatric staff included a St. Patrick's Day party and the ever-popular Children's Medical Play Clinic, during which the kids switched roles with their caregivers.



Kendrick Blanding gives the art session two paint-covered "high-fives." We think he got some of that paint on the paper too.



Sister and brother artists Olivia and Noah Wright get creative with syringes, bandages, and cotton swabs.



Taylor Colvin takes the sting out of a syringe by using it as a paintbrush. Helping her create her masterpiece is Esther Epstein, an art therapist with the Recreation Therapy Section of the Rehabilitation Medicine Department.



## Memorial services

Memorial services are scheduled for Dr. Tillye Cornman, on Tuesday, April 6, at 3:30 p.m., in the 14th floor Chapel, and for Dr. David W. Alling on Friday, April 16, at 3:30 p.m. in Lipsett Amphitheater.

## Grief seminar

Grief and bereavement are emotions that hospital workers must deal with in the course of their daily work. The Hospice Foundation of America's 6th annual National Bereavement Conference, "Living with Grief: At Work, At School, and At Worship," will offer humane and practical suggestions for persons assisting grievers. The program is a live, video-teleconference sponsored by the Geriatric Psychiatry Branch of NIMH. The moderator will be Cokie Roberts of ABC News, and she'll be joined by a distinguished panel of experts. It happens on Wednesday, April 14, in Wilson Hall, from 1:30 to 4:30 p.m. To reserve your seat, call Larry Bauer at 6-6565, ext. 228.

## Cancer fatigue

On April 8, the Nursing Department's oncology nurses and NCI will co-sponsor Cancer Fatigue Awareness Day. Festivities will be held in the 13 East Outpatient Cancer Center, 2 East, and the 12th floor clinic from 10 a.m. to 6 p.m. Participants will learn ways to manage cancer-related fatigue, the most commonly reported symptom by people undergoing cancer therapy. For more information, call Antoinette Jones-Wells, RN, at 5-5612.

## Volunteer week

April 18-24 is National Volunteer Week. During the week, staff are encouraged to say "thank you," or congratulate the many volunteers who give so generously to help the CC and its patients. A recognition ceremony is planned for April 20 at the Bradley Hills Presbyterian Church, in Bethesda, at 11:30 a.m. The theme is "The Magic of Volunteering." For more information, call Andrea Rander at 6-1807.

## Embryology imaging

A workshop on "Embryology Imaging and Education" will be held April 16 and 17 at the National Museum of Health and Medicine, at Walter Reed Army Medical Center in Washington, D.C. Hosted by the Museum and the American Association of Clinical Anatomists, the workshop will address the use of new and old technologies to communicate the difficult concepts of developmental biology to the student and lay person. For more information, call Debbie Sweet at 202-782-2682.

## Past menopause?

NHLBI and the Clinical Center seek healthy postmenopausal women to take part in menopause studies. Compensation is provided. For more information, please call the Clinical Research Volunteer Program at 1-800-892-3276.

## Friends of "Friends"

The Friends of the Clinical Center received a \$2600 donation from Randy and Jane Debnam (left and center). Al Rexroad (right) accepted the donation for FOCC. The Debnams run the Performing Arts Ensemble of Olney/Rockville, which presented "Holiday in Oz" in Masur Auditorium last December to benefit CC patients and their families.





## A job well done

Dr. Maria Merino, of NCI's Laboratory of Pathology, was surprised with the Clinical Center Director's Award last month before colleagues at the Medical Executive Committee meeting. Pictured with CC Director John I. Gallin (right) and her supervisor Dr. Lance Liotta (left), Dr. Merino received the honor for "stellar surgical pathology support to the Clinical Center and its clinicians." The award cited her knowledge, collegiality, and skills as an outstanding academic pathologist and teacher.



## your benefits

### FEGLI open season starts April 24: More coverage available

An open enrollment period for the Federal Employees' Group Life Insurance (FEGLI) program will be held from April 24 through June 30. During this period, employees can elect any life insurance they don't currently have.

#### What coverage has changed?

Until now, Option C coverage, which is coverage on your eligible family members, was limited to \$5000 for your spouse and \$2500 for each eligible child. You can now elect up to five multiples of those amounts, making the maximum amounts available \$25,000 for your spouse, and \$12,500 for each eligible child. You must elect the same number of multiples for each family member.

#### When will new coverage go into effect?

Coverage elected during this open enrollment will become effective the first pay period beginning on or after April 23, 2000. You must be in pay and duty status during the pay period before the coverage becomes effective. For full-time employees, the amount of pay and duty status required is 32 hours.

#### When do I start paying the premiums for my new coverage?

Premiums begin when coverage goes into effect in 2000.

#### If I don't want to change my coverage, do I need to do anything?

No.

#### What must I do if I want to elect more coverage?

You will receive information about the FEGLI program: a revised FEGLI Booklet (RI 76-21), and a special FEGLI 99 Open Enrollment Period Pamphlet (FE 74A). Review the materials. If you want to elect more coverage, you must complete a special FEGLI 99 Enrollment Election Form (RI 76-27), which you can get from your personnel office or from the FEGLI web site. You must fill the form out to show ALL the coverage you want, not just the new coverage.

#### Will I be able to continue this new coverage if I retire?

To continue FEGLI coverage when you retire, you must retire on an immediate annuity and have had the coverage for the 5 years of service

preceding your retirement. If you don't have the coverage for 5 years, you can continue it if you've had it since your first opportunity to elect it. For example, if you elect Option B during this open enrollment period, you must have it for 5 years before you retire in order to continue it. This is because the open enrollment period wouldn't be your first opportunity to elect Option B; you could have elected it when you first became eligible for it. However, since the 2-5 multiples of Option C coverage have never been available before, this open enrollment is your first opportunity to elect them. If you do so, and retire any time after these additional multiples go into effect in 2000, you will be eligible to continue the coverage when you retire, as long as you meet the 5-year requirement for your previous Option C coverage.

If you need further information or assistance, contact your servicing personnel assistant on 6-6924. You can also obtain information from the Office of Personnel Management's FEGLI web site (<http://www.opm.gov/insure/life>).

—Office of Human Resources Management



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## ***Imaging collaboration with Suburban opens doors for patients, researchers***

(Continued from page one)

and documenting their effectiveness,” said Dr. R. Nick Bryan, head of diagnostic radiology and an expert in brain imaging and stroke.

A Harvard-based neurologist, Dr. Steve Warach, has been recruited to head a new NINDS stroke unit, housed at Suburban. “The focus of Dr. Warach’s research will be to develop and test new drugs that may supplement t-PA or be more appropriate in patients for whom t-PA is not an option,” according to Dr. Bryan. “MR imaging will help us make a more specific diagnosis of the type of stroke and pick the patients who are best treated by t-PA or another drug.”

The cardiac studies will be run by Dr. Robert Balaban and Dr. Andrew Arai, of NHLBI. “MRI has many unique aspects that make it very well suited to studying people with coronary artery disease,” said Dr. Arai. “Improvements in MRI hardware and technology have resulted in substantial improvements in cardiac image quality. These tools have great potential to change the

way we approach patients with coronary artery disease.”

Last month Suburban installed two new MRI scanners built by GE Medical Systems and programmed in part with technological advances devised by NIH’s cardiac and imaging teams.

“We’ve worked side by side with GE to write programs that make it possible to acquire unique information about the heart more quickly and easily,” said Dr. Arai.

One scanner was funded by NHLBI and will be devoted to cardiac imaging; 20 percent of the other machine was funded by NINDS and will be used for stroke imaging.

In both types of imaging studies, the focus will be on clarifying the diagnosis in questionable groups of patients.

“Anyone whose ECG shows an obvious heart attack doesn’t need another test, and would be treated with standard, state-of-the-art clinical care,” Dr. Arai said.

“Imaging can help us better select patients who would most likely

benefit from a treatment, and exclude those who would not benefit or might actually be harmed by a treatment,” said Dr. Bryan.

Dr. Bryan reports that the planned stroke workup takes about 20 minutes and includes 5 different types of scans. The cardiac scans can be done in under 30 minutes, according to Dr. Arai.

Suburban Hospital’s patients will benefit greatly, since this level of technology and expertise is currently available at just a handful of health care facilities.

“The CC benefits too by gaining an opportunity to do research on some very important common diseases that we have never been able to see without an emergency room,” said Dr. Bryan. In addition to providing the basis for a sound clinical assessment, the images will be archived into a data base that will provide a rich source of clinical information to spur future studies.

The new “NIH/Suburban MRI Center” is slated to open in June.

—by Sue Kendall



### ***The Muncher***

Looking like something out of Jurassic Park, a machine known fondly as “The Muncher” chomped away at the north portico late last month to make way for the new Mark O. Hatfield Clinical Research Center. Exerting 200,000 pounds of pressure per square inch, The Muncher pulverizes whatever’s in its path. Chipping was done by hand in areas where the structure joined the building. Inside the CC, the groaning sounds and vibration of the demolition drew the curious out of their offices for a look. Some even requested souvenir bricks.



## Presidential introduction

Sharon Brigner, R.N., a neurology research nurse with the Clinical Center Nursing Department, was chosen to give a speech and then introduce President Bill Clinton at a White House forum on priorities for the budget surplus, including Social Security and Medicare. The February meeting included young adults from across America, all concerned with ensuring that they and their peers in the workforce have access to Social Security.

Brigner, 26, is a past president of the National Student Nurses' Association. Her affiliation with that group lead to her being asked — with just 48 hours' notice — to prepare a speech. Chosen as a representative for her generation, Brigner remarked, "I was truly honored to be able to represent the nursing agenda and NIH as well."



## a p r i l

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### Ethics Grand Rounds noon-1 p.m. Lipsett Amphitheater

*Is Paying Research Subjects Ethical?*

Saul Levmore, J.D., University of Chicago, guest discussant

### Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

*Molecular Analysis of Aging,*  
Leonard P. Guarente, Ph.D.,  
MIT, Cambridge

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### Grand Rounds noon-1:30 p.m. Lipsett Amphitheater

*Real-time 3D  
Echocardiography: A New Look  
at the Heart,*  
Julio A. Panza, M.D., NHLBI

*Blisters, Blemishes, and Hair  
Loss: Consequences of Type  
XVII Collagen Loss,*  
Kim B. Yancey, M.D., NCI

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### Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

*Keeping Cells Alive: Is Caspase  
Inhibition Enough?* Craig B.  
Thompson, M.D., University of  
Chicago

### Clinical Center Roundtable noon – 1 p.m. Lipsett Amphitheater

*Sexually Transmitted Diseases*  
Thomas Quinn, M.D., NIAID,  
panel leader

*A live broadcast featuring NIH  
physicians and scientists  
discussing current research  
activities and issues in depth.*

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### Grand Rounds noon-1 p.m. Lipsett Amphitheater

*Medical Imaging: The Digital  
Age,* R. Nick Bryan, M.D.,  
Ph.D., CC

*Clinical Sympathetic  
Neuroimaging,* David S.  
Goldstein, M.D., Ph.D., NINDS

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### Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

*FGF Gene Function in  
Vertebrate Gastrulation, Brain,  
and Limb Development,*  
Gail R. Martin, Ph.D.,  
University of California,  
San Francisco

### Clinical Staff Conference noon-1 p.m. Lipsett Amphitheater

*Complexities of Walking: How  
We Determine What's Wrong  
and Fix It,*  
Lynn H. Gerber, M.D., CC,  
moderator

### Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

*Anti-Cytokine Therapies for  
Inflammatory Diseases,* Charles  
A. Dinarello, M.D., University  
of Colorado, Denver